

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		12/09/94
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	12/15
FORMALITY REVIEW	CM	71632	1/4/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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